Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

289032	143036595
Study Area Code (SAC)	Service Provider Identification Number (SPIN) vide a certification form for each SAC through which it provides Lifeline service).
2017 HS	Boomerang Wireless LLC
Recertification Year State	ETC Name
enTouch Wireless	
DBA, Marketing, or Other Branding Name	Holding Company Name
(If same as ETC name, list "N/A" Do not leave blank)	(If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "N/A" Do <u>not</u> leave blank)	(If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "N/A" Do not leave blank) Does the reporting company have affiliated ETC Provide a list of all ETCs that are affiliated with the reporting	(If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "N/A" Do not leave blank) Does the reporting company have affiliated ETC Provide a list of all ETCs that are affiliated with the reporting determined in accordance with Section 3(2) of the Communica owns or controls, is owned or controlled by, or is under comm	(If same as ETC name, list "N/A" Do not leave blank) Cs? Yes No O SETC, using page 4 and additional sheets if necessary. Affiliation shall be actions Act. That Section defines "affiliate" as "a person that (directly or indirectly).

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🖸

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	105
February	136
March	142
April	148
May	121
June	99
July	121
August	91
September	104
October	78
November	47
December	Colo
Total Subscribers	1278

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed

Initial KAL

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial KAL

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

A. Subscribers eligible for recertification by anniversary month

Subscribers de-enrolled prior to recertification attempts

Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Α.	0	0	1	0	0	0	490	209	12	187	71	377	1344
В.	0	0	0	0	10	0	209	117	5	50	42	169	598
	U	U	10	0	0	0	261	02	7	127	29	208	754
C.	0	0	0	0	0	U	001	70	1	131		A STATE OF THE STA	

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

Report	the numbe	r of eligible Feb	Mar Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0
Ъ.	0	1 0	0	U	0	U							-

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

port	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
E		<u> </u>	10	1	0	0	281	22	5	137	29	208	682

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

рого	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
					-		122	13	4	126	23	58	357
G.	0	0	0	0	0	0	133	10	1	124	-	1 1 1	-

H. Subscribers who recertified through ETC direct outreach attempt

CLICALING subscribers that suggessfully recertified through ETC's outreach attempt.

Repor	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	Ø	Ø	Ø	Ø	Ø	148	9	1	11	4	150	325

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

tepo	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of third party administrator used to verify subscriber eligibility:

K. Subscribers de-enrolled as a result of a third party recertification attempt

of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

Repor	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

ribers that recertified through a request from a state administrator, third party administrator, or USAC

Report	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial _____

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

KAL

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial		

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

M = (G+K)	N = (D+F+I) Total number of subscribers ETC is responsible for recertifying	O = M/N*100 Percent of subscribers due for recertification who were de-enrolled
Total number of subscribers de-enrolled as a result of recertification		
357	682	52.35%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed, /	Lahman
Signature of Officer	

klehrman@readywireless.com

Email Address of Officer Oliver J. Moeller

Person Completing This Certification Form

Kimberley Lehrman, President

Printed Name and Title of Officer

12/24/2018 Date

3197434641

Contact Phone Number

Affiliated ETCs

SAC Name		
SAC	ATMINA	
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